MEDICAL CONTROL GUIDELINE: TRAUMATIC HEMORRHAGE CONTROL

PRINCIPLES:

- 1. Tourniquets have been demonstrated to be safe and effective when used appropriately and can be lifesaving.
- 2. A hemorrhage control tourniquet should be used if external bleeding from an extremity cannot be controlled by direct pressure.
- 3. Poorly perfusing patients with an isolated penetrating extremity injury and those with amputations or mangled extremities should have a tourniquet applied even if minimal to no visible bleeding.
- 4. Tourniquet application may be the initial method to control extremity bleeding when scene safety concerns or resource limitations preclude direct pressure application.
- 5. Tourniquet application frequently results in severe pain. Consider pain management as necessary. Refer to Reference No. 1275, General Trauma.
- 6. Hemostatic Agents are only to be utilized by approved providers.

GUIDELINES:

- 1. Explain usage of tourniquet to patient.
- 2. Follow manufacturer's instructions for application of the tourniquet.
- 3. Apply tourniquet 2-3 inches proximal to the bleeding site but not over a joint or the hemorrhaging injury.
- 4. Ensure that bleeding is stopped and distal pulses are absent after the application of the tourniquet.
- 5. Once a tourniquet is applied, the patient should be reassessed at least every 5 minutes for continued absence of distal pulse and/or bleeding.
- 6. If bleeding is not controlled with one tourniquet, a second tourniquet may be applied proximal to the first tourniquet. Do not remove the first tourniquet after applying the second tourniquet.
- 7. Once a tourniquet is applied it should not be loosened or removed without physician approval.
- 8. Paramedics shall make base hospital contact and transport in accordance with Reference No. 808, Base Hospital Contact and Transport, and Reference No. 502, Patient Destination.
- 9. Paramedic shall document the time tourniquet applied on the tourniquet and on the EMS Report Form. Remaining patient documentation will be in accordance with Reference No. 606, Documentation of Prehospital Care.

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